MBMD®

MILLON® BEHAVIORAL MEDICINE DIAGNOSTIC

MBMD®
Millon® Behavioral Medicine Diagnostic
Interpretive Report With Healthcare Provider Summary
Presurgical Pain Patient Report

Theodore Millon, PhD, DSc

Name:	Sample Presurgical Report
ID Number:	456
Age:	35
Gender:	Male
Race:	White
Marital Status:	Divorced
Education:	High School Graduate
Date Assessed:	10/18/2014

PsychCorp

[3.2 / 1 / QG]

9588

PREVALENCE (PS) SCORES BASED ON GENERAL MEDICAL NORMS

Validity (Scale V) Score = 0

Medical Problem(s): Pain

Code: AA BB // 5 ** 4 8B * // C B A ** E * D F + // - ** H * I + //

Response Patterns	X. DISCLOSURE	Y. DESIRABILITY	Z. DEBASEMENT
Negative Health Habits	ALCOHOL	DRUG	EATING
	CAFFEINE	INACTIVITY	SMOKING

unlikely problem area
possible problem area
likely problem area

		SCORE RAW	SCORE PS	PROFILE OF PREVALENCE SCORES 0 35 75 85 100+	CLINICAL SCALES
Psychiatric Indications	AA	17	89		ANXIETY-TENSION
	BB	8	76		DEPRESSION
	CC	9	60		COGNITIVE DYSFUNCTION
	DD	9	66		EMOTIONAL LABILITY
	EE	3	25		GUARDEDNESS
Coping Styles	1	4	50		INTROVERSIVE
	2A	1	40		INHIBITED
	2B	1	10		DEJECTED
	3	9	65		COOPERATIVE
	4	18	83		SOCIABLE
	5	22	99		CONFIDENT
	6A	5	35		NONCONFORMING
	6B	7	35		FORCEFUL
	7	19	55		RESPECTFUL
	8A	5	50		OPPOSITIONAL
	8B	12	77		DENIGRATED
Stress Moderators	A	27	95		ILLNESS APPREHENSION
	B	25	115		FUNCTIONAL DEFICITS
	C	28	115		PAIN SENSITIVITY
	D	1	25		SOCIAL ISOLATION
	E	16	83		FUTURE PESSIMISM
	F	0	5		SPIRITUAL ABSENCE
Treatment Prognostics	G	6	50		INTERVENTIONAL FRAGILITY
	H	8	84		MEDICATION ABUSE
	I	0	5		INFORMATION DISCOMFORT
	J	7	70		UTILIZATION EXCESS
	K	7	62		PROBLEMATIC COMPLIANCE
Management Guides	L	9	90		ADJUSTMENT DIFFICULTIES
	M	7	82		PSYCH REFERRAL

Increasingly Problematic →

PERCENTILE SCORES BASED ON CHRONIC PAIN NORMS

This percentile-based profile provides comparative information regarding this patient's similarity to other pain patients. However, the Pain Patient Summary and the full MBMD Interpretive Report that follow are based on the general medical norms recorded on the previous prevalence-based profile page.

		SCORE		PROFILE OF PERCENTILE SCORES	CLINICAL SCALES
		RAW	%ile	1 25 50 75 99	
Psychiatric Indications	AA	17	74		ANXIETY-TENSION
	BB	8	39		DEPRESSION
	CC	9	52		COGNITIVE DYSFUNCTION
	DD	9	51		EMOTIONAL LABILITY
	EE	3	17		GUARDEDNESS
Coping Styles	1	4	33		INTROVERSIVE
	2A	1	24		INHIBITED
	2B	1	38		DEJECTED
	3	9	42		COOPERATIVE
	4	18	97		SOCIABLE
	5	22	99		CONFIDENT
	6A	5	39		NONCONFORMING
	6B	7	52		FORCEFUL
	7	19	35		RESPECTFUL
	8A	5	30		OPPOSITIONAL
	8B	12	77		DENIGRATED
Stress Moderators	A	27	79		ILLNESS APPREHENSION
	B	25	82		FUNCTIONAL DEFICITS
	C	28	59		PAIN SENSITIVITY
	D	1	21		SOCIAL ISOLATION
	E	16	59		FUTURE PESSIMISM
	F	0	25		SPIRITUAL ABSENCE
Treatment Prognostics	G	6	42		INTERVENTIONAL FRAGILITY
	H	8	90		MEDICATION ABUSE
	I	0	28		INFORMATION DISCOMFORT
	J	7	40		UTILIZATION EXCESS
	K	7	45		PROBLEMATIC COMPLIANCE
Management Guides	L	9	51		ADJUSTMENT DIFFICULTIES
	M	7	56		PSYCH REFERRAL

Increasingly Problematic →

PRESURGICAL PAIN PATIENT SUMMARY

The categorizations in the following tables are credible and discriminating probabilistic judgments based on literature reviews, clinical experience, and a few early empirical studies. As such, they should not be considered as definitive, but serve as guides to clinicians in making prudent and tentative judgments.

I. PRESURGICAL CONSIDERATIONS

A. Patient-Provider Communications

The research literature and clinical experience indicate that the interpersonal coping styles of patients provide a gauge of how they relate to others and the way they may relate to healthcare providers. Providers should consider the following orientation when communicating with the patient as noted below.

The following healthcare orientation:	Is considered:
Work to increase patient self-reliance	Helpful
Maintain strong focus on patient self-interest	ADVISABLE

B. Major Surgical Outcome Risks

Reviews of the literature have identified a number of consensual risk factors for poor outcome of spine surgery or device implantation (see the MBMD Pain Patient Reports manual supplement for details). A number of these consensual risk factors are measured by MBMD scales. The patient's MBMD-predicted level of risk for each factor (low, moderate, or marked) is shown below.

The following risk factor:	Is considered:
1. Depression	Moderate
2. Anticipatory anxiety	MARKED
3. Cognitive deficits	low
4. Pain sensitivity	MARKED
5. Lack of social support	low
6. Medication abuse	Moderate
7. Problematic compliance	low
8. Catastrophizing	MARKED

C. Secondary Surgical Outcome Risks

Although the characteristics listed below have not been studied to the extent that they can be included among the consensual risk factors listed in the previous section, clinical experience suggests that they may indicate a risk for poor surgical outcome.

The following risk factor:	Is considered:
1. Low self-care/motivation	low
2. Fear of illness complications	MARKED
3. Self-indulgence	MARKED
4. Oppositional attitude	low
5. Irritability/hostility	low
6. Unstable/erratic routines	Moderate
7. Overutilizing healthcare resources	Moderate
8. Fear of medical procedures	low
9. Poor adjustment to pain treatment	MARKED

D. Patient Assets for Positive Outcome

Low scores on certain MBMD scales are designed to indicate patient strengths or assets that may help facilitate a favorable response to treatment. The following MBMD-identified strength(s) can be hypothesized to increase the likelihood of a favorable response for this patient to spine or implantation surgery.

Social support	This patient reports having family and friends who care about him.

E. Predicted Block Prognostic Category

An algorithm proposed by Block et al. for determining surgical prognosis based on information gathered in the presurgical evaluation has been highly influential in evaluating patients for both spine surgery and implantable devices. A recent study provided mean MBMD scores for patients in the different Block prognostic categories undergoing procedures. Comparing this patient's MBMD scores to the mean scores for each of the Block prognostic groups results in the following predicted Block category:

Fair Prognosis: Preoperative compliance and motivation measures recommended

See the MBMD Pain Patient Reports manual supplement for details on how the predicted Block category was determined. Also note that this analysis is not intended to replace a comprehensive presurgical evaluation that includes a clinical interview.

F. Presurgical Recommendations

A number of psychosocial interventions designed to improve the chances of a favorable surgery outcome are described in the literature. The patient's MBMD scores suggest that the following intervention(s) may be considered.

The following intervention:	**Is considered:**
1. A psychiatric consultation	ADVISABLE
2. A neuropsychological exam	unneeded
3. A stress management training program	ADVISABLE
4. Pain coping skills training	ADVISABLE
5. Cognitive behavioral counseling	Helpful
6. A smoking cessation program	unneeded
7. Family behavioral medicine sessions	unneeded
8. Medication and/or substance use counseling	Helpful
9. Compliance monitoring	Helpful
10. A peer social support group	ADVISABLE
11. Reiterate detailed postdischarge instructions	unneeded

II. POSTSURGICAL CONSIDERATIONS

A vast amount of research and clinical experience regarding the relationships between patients' psychosocial characteristics and their response to traditional medical treatments for pain allow reasonable MBMD-based inferences about this patient's likely response to medically based treatment. However, the following inferences are not based directly on research involving the MBMD.

A. Postsurgical Patient Behavior

The likelihood that this patient will:	Is classified as:
1. Change unhealthy body mechanics	high
2. Avoid stressful behavior	LOW
3. Complete a follow-up behavioral management plan	high
4. Comply with general medical regimen	Average
5. Show good judgment in an exercise program	LOW
6. Avoid long-term general health complications	LOW
7. Maintain paced and progressive activity gains	LOW

B. Longer-Term Patient Gains and Challenges

The likelihood that surgery will improve this patient's:	Is classified as:
1. Psychosocial functioning	Average
2. Body image	LOW
3. Physical health	LOW
4. Mental outlook	LOW
5. Sexual activity	LOW
6. Employment/vocational opportunities	LOW
7. Overall quality of life	Average
8. Interpersonal functioning	Average

Millon® Behavioral Medicine Diagnostic - Interpretive Report

This report is based on the assumption that the MBMD assessment was completed by a person who is undergoing professional medical evaluation or treatment. MBMD data and analyses do not provide physical diagnoses. Rather, the instrument supplements such diagnoses by identifying and appraising the potential role of psychiatric and psychosomatic factors in a patient's disease and treatment. The statements in this report are derived from cumulative research data and theory. As such, they must be considered probabilistic inferences rather than definitive judgments and should be evaluated in that light by clinicians. The statements contained in the report are of a personal nature and are for confidential professional use only. They should be handled with great discretion and should not be shown to patients or their relatives.

Interpretive Considerations - This section identifies noteworthy response patterns and indicates negative health habits that may be affecting the patient's medical condition.

Unless this patient is a well-functioning adult who is facing modest life difficulties, his responses suggest an effort to present a socially acceptable image and resistance to admitting personal problems. Adjustments were made to his prevalence scores to correct for these tendencies. The interpretive report is probably valid but may not include certain features of his emotional vulnerability.

He is probably experiencing problems with maintaining a regular exercise program. Additionally, he may be experiencing problems with overeating.

Psychiatric Indications - This section identifies current psychiatric symptoms or disorders that should be a focus of clinical attention. These symptoms or disorders may affect the patient's response to healthcare treatment and his ability to adjust to or recover from his medical condition.

This patient reports relatively high levels of anxiety and depression. These elevations are probably due to a recent medical diagnosis or an upcoming medical procedure and are probably temporary. Characteristically, this patient is agreeable, confident, and adaptive to changing circumstances. However, his concerns about his illness may be too serious to dismiss, resulting in debilitating anxiety complicated by uncharacteristic depression. The healthcare team should encourage and reinforce this patient's sense of control over his illness. As a result, he will probably take adaptive measures to reduce the distress he is experiencing. Short-term pharmacological agents may also be beneficial.

Coping Styles - This section characterizes the patient's coping style and/or defenses. These include "normal" parallels of *DSM-IV*®, Axis II personality styles that may influence the patient's response to healthcare treatment and his ability to adjust to or recover from his condition.

Although this patient seems to need frequent social activity and stimulation, he is characteristically self-confident and easygoing in relationships with others. He is usually able to cope with minor stresses and discomfort, but he is likely to find a chronic illness problematic. The constraints of a long-term illness may lead to increasing irritability and dramatization of his discomfort. When possible, he may seek out pleasure and indulge his desires beyond the ordinary. He is overly enthusiastic about minor matters or passing fancies, and he is likely to lose interest quickly once the initial excitement has waned

or some other attraction or fad appears. He is self-assured, casual, and relaxed, and he may tend to overlook what he sees as trivial social responsibilities. He may fail to be adequately attentive to matters of a repetitive nature, particularly unappealing ones such as adhering to a long-term treatment regimen.

This patient's self-assurance is likely to be reflected in a disinclination to take the early stages of an illness seriously. He is likely to deny the potential severity of physical symptoms or overlook them until they are too troubling to be ignored. He does not tolerate frustration, and he will probably not like being a patient. He may exhibit both annoyance and flippancy in an effort to cover up the anxiety he feels beneath the surface calm. Although he is outwardly friendly, charming, and cooperative with doctors and other healthcare personnel, this style of relating may be short-lived and superficial. He may see physicians as omnipotent and attractive given their social status and achievements, but he is apt to be self-protectively evasive and denying. He may keep a part of himself separate from long-term or intensive interactions. Pressure to face up to the reality of a serious illness or the necessary course of extensive treatment may result in irritability, withdrawal, or active uncooperativeness. Even when he is making a genuine effort to be cooperative, he will probably be impatient with rules and expectations. He may consider self-discipline, punctuality, and record-keeping as boring and burdensome.

For the most part, healthcare personnel should be comfortable interviewing and dealing with this patient. If anything, care should be taken not to be seduced by his easy rapport and apparent cooperativeness. If he seems indifferent to his illness, seemingly too relaxed and self-assured, it may be necessary to be firm about adherence to the treatment regimen. If appropriate to the case, convincing warnings and clear instructions should be spelled out and followed up with regular check-ups.

Stress Moderators - This section notes the patient's personal and social assets and liabilities and how they may affect his ability to manage the stressors and burdens of his medical condition and treatment.

Liabilities: Illness Apprehension, Functional Deficits, Pain Sensitivity, Future Pessimism
Assets: Social Support, Spiritual Faith

This individual is extremely sensitive to physical changes, which can result in many hypochondriacal complaints. However, because of his upbeat outlook, he is likely to have the stamina to deal with his illness. Nevertheless, he will appreciate the ability of the healthcare team to deal with his current health needs and avoid speculations about future changes.

This patient may report significant decrements in his ability to return to his premorbid activities of daily living. Neither denying concern nor overly apprehensive, he is likely to maintain a reasonable attitude toward the obstacles that his illness presents. His self-confidence can be enlisted by the healthcare provider to increase his ability to take on limited independent activities.

This patient reports a high level of pain sensitivity. Issues specific to pain are discussed in the Pain Patient Summary section earlier in this report.

This patient may become pessimistic about his future if his medical condition worsens or if he experiences unanticipated physical limitations. If he displays any such emotional difficulties following these changes, they will take the form of impatience about returning to his independent lifestyle. Encouraging him to gather information about the latest technological breakthroughs and treatment

options for his condition (using the hospital library or Internet resources) may help him preserve his sense of independence and control over his current situation.

This patient finds the attention and concern of friends or family sufficient but not overwhelming. He has a great deal of confidence that this support network will be available in times of need. Maintaining their interest in his progress or in any changes in his medical state may aid significantly during the course of any adjuvant or maintenance therapy.

This patient believes that his future health may be determined in large part by his continued belief in spiritual and/or religious matters. If he needs to deal with a chronic, complicated, or progressive illness, he might do better than most others owing to his strong personal and spiritual resources. He should be encouraged to practice whatever spiritual beliefs he prefers to help him deal with the demands of his medical condition and treatment.

Treatment Prognostics - This section, which is based on the patient's psychological profile, forecasts his response to medical procedures and medication.

Liabilities: Medication Abuse
Assets: Information Receptivity

This patient's ability to maintain his prescribed medication regimen may be compromised by his psychological profile. Specifically, his ongoing problems with anxiety and excessive worrying may affect him to such a degree that he may have trouble attending to the details of his medication schedule. In some cases, his fears may be based on the expectation that such medications could affect his judgment and awareness levels. The healthcare team should be alert to this and be prepared to address his anxiety symptoms. Mild anxiety symptoms may be treatable with behavioral techniques such as relaxation, guided imagery, or meditation. More extreme and persistent anxiety-related conditions may require pharmacologic intervention to reduce his arousal level before prescribing the medication regimen for his primary medical condition.

This patient is open to receiving information or discussing matters pertaining to his illness. This may help facilitate his adjustment to treatment and may be used by the healthcare team to improve health outcomes.

Management Guide - This section provides recommendations for the general management of this patient based on his psychological profile.

This patient is likely to have a much slower recovery and may generate many more expenditures during the course of his treatment than other medical patients. These complications and/or expenditures may be affected by the following issues:

- This patient's ability to follow his prescribed medication regimen may be compromised by his anxiety and excessive worrying. This may affect him to such a degree that he may have trouble attending to the details of his medication schedule. In some cases, his fears may be based on the expectation that his medication will affect his judgment and awareness levels.

- This patient may overuse medical services. His excessive worrying may affect him to such a degree that he may schedule extra medical appointments. The healthcare team should be prepared to address his anxiety but should make it clear that he does not need any further treatment for his primary medical condition.

- This patient finds the attention and concern of friends or family sufficient but never overwhelming. Maintaining the interest of these people in his progress may aid significantly during the course of any adjuvant or maintenance therapy.

- This patient believes that his future health may be determined in large part by his continued strong spiritual beliefs. If he needs to deal with a chronic or progressive illness, he should be encouraged to practice these beliefs to help him deal with the demands of his medical condition and its treatment.

This patient may benefit from pharmacologic or psychosocial intervention to address psychological issues that could affect his adjustment to his illness or his recovery following major procedures such as surgery. His tendency to become very tense and anxious before or after medical procedures may cause him to have trouble managing his arousal level. His psychological profile suggests that he may be a good candidate for supportive psychosocial group intervention or individual counseling to ameliorate these mental health problems. Such intervention may be a cost-effective way to optimize his quality of life and minimize the post-treatment adjustment and recovery period.

Noteworthy Responses - The patient's endorsement of the following item(s) is particularly worthy of follow-up by the healthcare team.

Panic Susceptibility

Item # 1	Item Content Omitted
Item # 28	Item Content Omitted
Item # 66	Item Content Omitted

Adherence Problems

Item # 10	Item Content Omitted
Item # 103	Item Content Omitted

Special Note:
The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

Millon® Behavioral Medicine Diagnostic - Healthcare Provider Summary

This patient is a 35-year-old white male who is divorced and is a high school graduate. He reports that pain is the major problem for which he is seeking medical help.

Psychiatric Indications

This patient reports relatively high levels of anxiety and depression. These are most likely subsequent to a recent medical diagnosis or an upcoming medical procedure and will probably be time-limited in nature. Although he is characteristically agreeable and confident, his illness concerns are too serious to dismiss, resulting in debilitating anxiety complicated by feelings of depression. With encouragement from the healthcare team, this patient is likely to take adaptive measures to regain a sense of control over his illness. Short-term pharmacological agents may be beneficial.

Coping Styles

This patient is likely to exhibit a self-assured and sociable manner with others, behaving in most situations in a confident and calm fashion. However, his unruffled composure and nonchalant air of calm equanimity may give way under the press of a persistent and severe illness. Firm advice and periodic check-ups will be helpful.

Case Management Issues

Stress Moderators

- There is a strong probability medical treatment without a psychological treatment component will be unsatisfactory for this patient's periodic and recurring pain problems. The healthcare provider should be alert to excessive requests for pain medications.

- He may report significant decrements in his ability to maintain premorbid activities of daily living. His self-confidence can be enlisted by the healthcare provider to increase his ability to take on limited independent activities.

- His scores indicate that he has other liabilities and some assets in this area. For further information, consult with the attending mental health professional.

Treatment Prognostics

- This patient's ability to follow a prescribed medication regimen may be compromised by his anxiety and excessive worrying. He may not be able to attend to the details of a medication schedule, and/or he may be afraid of side effects.

- He is open to receiving information or discussing matters pertaining to his illness.

Management Guide

This patient's psychological characteristics indicate that he is likely to have a much slower recovery and may generate many more expenditures than other medical patients. His recovery may be influenced by the following conditions:

- His ongoing problems with anxiety and excessive worrying may make it difficult for him to follow a prescribed medication regimen.
- His depressive symptoms may make it difficult for him to follow a prescribed medication regimen.
- He is probably experiencing problems with maintaining a regular exercise program. Additionally, he may be experiencing problems with overeating.
- He is quite comfortable with the support he anticipates from family and friends, and it is likely that these resources can be called upon in times of need.
- He reports clear identification with spiritual or religious sources of support. This may improve his chances for an optimal treatment course.

This patient may benefit from pharmacologic or psychosocial intervention to address the psychological issues that could affect his adjustment to his illness or recovery following major procedures such as surgery.

End of Report

NOTE: This and previous pages of this report contain trade secrets and are not to be released in response to requests under HIPAA (or any other data disclosure law that exempts trade secret information from release). Further, release in response to litigation discovery demands should be made only in accordance with your profession's ethical guidelines and under an appropriate protective order.

ITEM RESPONSES

1: 1	2: 2	3: 2	4: 2	5: 2	6: 2	7: 1	8: 2	9: 2	10: 1
11: 2	12: 2	13: 2	14: 2	15: 1	16: 2	17: 1	18: 1	19: 2	20: 2
21: 2	22: 1	23: 1	24: 2	25: 2	26: 1	27: 2	28: 1	29: 1	30: 2
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151: 2	152: 2	153: 2	154: 1	155: 2	156: 2	157: 2	158: 1	159: 1	160: 2
161: 1	162: 1	163: 1	164: 2	165: 2					